

# FACT SHEET

## The Safety Net Monitoring Collaborative

Agency for Healthcare Research and Quality



[www.ahrq.gov](http://www.ahrq.gov)

AHRQ is the lead Federal agency charged with supporting research designed to improve the quality of health care, reduce its cost, address patient safety and medical errors, and broaden access to essential services. AHRQ sponsors and conducts research that provides evidence-based information on health care outcomes; quality; and cost, use, and access. The information helps health care decisionmakers—patients and clinicians, health system leaders, and policymakers—make more informed decisions and improve the quality of health care services.



U.S. Department of Health  
and Human Services  
Public Health Service

### Background

In 2000, the Institute of Medicine (IOM) released a report describing the health care safety net—the Nation’s “system” of providing health care to low-income and other vulnerable populations—as “intact but endangered.” In particular, the report emphasizes the precarious financial situation of many institutions that provide care to Medicaid, uninsured, and other vulnerable patients; the changing financial, economic, and social environment in which these institutions operate; and the highly localized, “patchwork” structure of the safety net. One of the five key recommendations in the report is the need for data systems and measures:

“The committee recommends that concerted efforts be directed to improving this Nation’s capacity and ability to monitor the changing structure, capacity, and financial stability of the safety net to meet the health care needs of the uninsured and other vulnerable populations.”<sup>1</sup>

In response to this recommendation, the Agency for Healthcare Research and Quality (AHRQ) and the Health Resources and Services Administration (HRSA) are leading a joint safety net monitoring initiative. An expert meeting in November 2000 provided an overview of the issues involved in establishing a monitoring system. Those attending the meeting recommended a monitoring system that would have four main goals:

- Provide baseline information and an assessment of policymakers’ information needs for the safety net system and its environment;
- Establish an early warning system to alert policymakers to changes in safety net capacity and stability;
- Provide information to policymakers about the status of safety net providers and the populations they serve that can help in designing interventions and strategies to achieve policy objectives; and

<sup>1</sup> Lewin ME, Altman S, editors. America’s health care safety net: intact but endangered. Committee on the Changing Market, Managed Care, and the Future Viability of Safety Net Providers. Washington, DC: National Academy Press; 2000.



- Develop and implement a research agenda on safety net and access-related issues for low-income populations.

To accomplish these goals, there is a critical need to develop clearer knowledge of what needs to be measured, identify data and measures that are currently available, identify opportunities and strategies to develop data capacity, and assess the feasibility of monitoring these areas. The agencies involved have agreed to a three-part strategy focusing on both safety net providers and the populations they serve:

1. Creating two data books that describe baseline information on a wide variety of local safety nets.
2. Developing a tool kit for State and local policymakers, planners, and analysts to assist them in monitoring the status of their local safety nets.
3. Identifying the data elements that would be needed to effectively monitor the capacity and performance of local safety nets.

### **What is the Health Care Safety Net?**

The health care safety net consists of a wide variety of providers delivering care to low-income and other vulnerable populations, including the uninsured and those covered by Medicaid. Many of these providers have either a legal mandate or an explicit policy to provide services regardless of a patient's ability to pay. Major safety net providers include public hospitals and community health centers as well as teaching and community hospitals, private physicians, and other providers who deliver a substantial amount of care to these populations.

### **Data Books for Monitoring the Safety Net**

One of the challenges in monitoring the Nation's health care safety net is that safety net services are provided in a myriad of different configurations, largely at the local level. As a result, the data books include information at the county and metropolitan levels, focusing on 30 States and the District of Columbia. Together, these areas cover 75 percent of the U.S. population. The books use data from a wide variety of sources to describe the status of the safety net in 90 metropolitan areas and 1,818 counties in these States.

The books provide a broad range of measures for monitoring the status of local safety nets and the populations they serve, including:

- *Demand for safety net services.* Measures include the size of the uninsured population, the percent of the population living below the Federal poverty line, and the percent of the low-income population covered by Medicaid.
- *Financial support for safety net services.* Measures include an index of the generosity of the Medicaid program, Disproportionate Share Hospital Payments, and community health center grants.
- *Structure of the safety net.* Measures include the types of hospitals in each local area by ownership and teaching status and the market concentration of uncompensated and Medicaid hospital discharges.
- *Health care delivery system.* Measures include health maintenance organization (HMO) penetration rates, number of doctors per capita,

and number of emergency department visits per capita.

- *Community context.* Measures include racial/ethnic composition, unemployment and crime rates, and levels of education.
- *Access-related outcomes.* Measures include inpatient hospitalizations that could have been prevented with better ambulatory care; prenatal care and low birthweight and preterm births; and the percent of the low-income population with no usual source of health care.

The data books will consist of two volumes. Volume I focuses on metropolitan areas, providing data tables as well as analytic summaries of the measures included. Volume II provides data for all counties (urban and rural) in the 30 States examined.

## Tools for Monitoring the Safety Net

Similar to the data books, which provide information on the status of the health care safety net in metropolitan areas and counties, the tool kit is designed to help policy analysts and planners at the State and local levels assess the performance and needs of their local safety nets. This publication will consist of a series of papers from experts in the field covering a wide variety of topics related to monitoring the safety net, including:

**Estimating the size of the uninsured and publicly insured populations in a local area.** This paper provides an overview of varying methodologies using secondary data and primary data collection to estimate the size of the safety net population.

### Strategies for local data collection.

This paper describes existing household-based survey instruments, how to use them, and which questions

may be most helpful for studying local safety nets. It describes the types of information that can be obtained from surveying providers and how that information differs from that gained from a household-based survey. It also provides an overview of the basics of developing and pretesting a questionnaire for local use and describes how to draw a sample for administering the survey.

**Using administrative data to develop performance/outcome measures.** This paper describes the use of hospital discharge data and vital statistics for assessing the performance of local safety nets, with a particular focus on the measurement of preventable hospitalizations. This paper covers sources of data as well as how to analyze and interpret them.

**Using the emergency department as a window on access to care in a community.** This paper describes the unique perspective emergency departments provide on the safety net and how examining the reasons for individual's visits to the emergency department can provide indicators of the status of the ambulatory care system.

**Assessing the financial health of safety net hospitals.** This paper describes approaches to assessing the financial health of hospitals, which provide a substantial proportion of safety net care.



**Monitoring rural safety nets.** This paper provides an overview of issues specific to rural health care safety nets and the challenges involved in monitoring their status.

**Best practices for State data systems.**

This paper provides a case study of the South Carolina integrated State data system, with a focus on what can be learned from the types of data and data linkages included in the system.

**Effectively presenting data to**

**policymakers.** This paper describes the types of health care information that are most effective and how to best present them to policymakers.

## For More Information

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